



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dma



Eligibility Operations Memo 04-03  
January 1, 2004

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Deputy Director, MassHealth Operations

RE: **Breast and Cervical Cancer Treatment Program (BCCTP)**

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### **Introduction**

Effective January 1, 2004, MassHealth is expanding coverage to women who have been screened and diagnosed with breast or cervical cancer through the Massachusetts Department of Public Health Women's Health Network (WHN). The coverage type for the Breast and Cervical Cancer Treatment Program (BCCTP) is MassHealth Standard for women who are citizens or qualified aliens.

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### **Eligibility Requirements**

To be eligible for the MassHealth BCCTP, the applicant must:

- be a woman who is under age 65;
- be screened or have received diagnostic services for breast or cervical cancer through a screening site of the Department of Public Health (DPH) Women's Health Network;
- be in need of treatment for breast or cervical cancer, including precancerous conditions or early stage cancer;
- have income at or below 250% of the federal poverty level (FPL);
- be uninsured or underinsured (that is, not have coverage for breast or cervical cancer treatment) or not have "creditable" coverage;
- not otherwise be eligible for Title XIX benefits; and
- meet other MassHealth eligibility requirements (such as citizenship and residency requirements).

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### **Creditable Coverage**

A woman is not considered to have "creditable coverage" when she has exhausted lifetime limits on benefits, or has limited scope coverage (e.g. only dental, vision or long-term care) or is a period of exclusion for

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**Creditable Coverage (cont.)**

breast or cervical cancer, or has coverage only for a specified disease. A woman who is a Native American or an Alaska Native who is provided care through a medical care program of the Indian Health Service or a tribal organization is not considered to have creditable coverage.

**Premiums**

Women eligible for BCCTP Standard coverage who have income that is greater than 133% FPL will be charged a premium in accordance with the CommonHealth premium schedule.

	Family Size	1	2	3	4	5	6
FPL Range	Premium	Maximum Monthly Family Gross Income					
0 - 100.0	\$ -	\$ 749	\$ 1,010	\$ 1,272	\$ 1,534	\$ 1,795	\$ 2,057
100.1 - 133.0	\$ -	\$ 996	\$ 1,344	\$ 1,692	\$ 2,040	\$ 2,388	\$ 2,736
133.1 - 150.0	\$ 15.00	\$ 1,123	\$ 1,515	\$ 1,908	\$ 2,300	\$ 2,693	\$ 3,085
150.1 - 160.0	\$ 15.00	\$ 1,198	\$ 1,616	\$ 2,035	\$ 2,454	\$ 2,872	\$ 3,291
160.1 - 170.0	\$ 20.00	\$ 1,273	\$ 1,717	\$ 2,162	\$ 2,607	\$ 3,052	\$ 3,497
170.1 - 180.0	\$ 25.00	\$ 1,347	\$ 1,818	\$ 2,289	\$ 2,760	\$ 3,231	\$ 3,702
180.1 - 190.0	\$ 30.00	\$ 1,422	\$ 1,919	\$ 2,417	\$ 2,914	\$ 3,411	\$ 3,908
190.1 - 200.0	\$ 35.00	\$ 1,497	\$ 2,020	\$ 2,544	\$ 3,067	\$ 3,590	\$ 4,114
200.1 - 210.0	\$ 40.00	\$ 1,572	\$ 2,121	\$ 2,671	\$ 3,220	\$ 3,770	\$ 4,319
210.1 - 220.0	\$ 48.00	\$ 1,647	\$ 2,222	\$ 2,798	\$ 3,374	\$ 3,949	\$ 4,525
220.1 - 230.0	\$ 56.00	\$ 1,722	\$ 2,323	\$ 2,925	\$ 3,527	\$ 4,129	\$ 4,731
230.1 - 240.0	\$ 64.00	\$ 1,796	\$ 2,424	\$ 3,052	\$ 3,680	\$ 4,308	\$ 4,936
240.1 - 250.0	\$ 72.00	\$ 1,871	\$ 2,525	\$ 3,180	\$ 3,834	\$ 4,488	\$ 5,142

**New Aid Categories**

There are two new categories for BCCTP coverage:

- **AD** — Standard coverage for women who meet the BCCTP criteria and are determined to be not otherwise eligible for MassHealth Standard.
- **AE** — Standard coverage for women who meet the BCCTP criteria and are potentially eligible for “regular” Standard (that is, they are pregnant, a parent, or disabled at applicable income levels).

**Note:** BCCTP Standard benefits are not limited to services related to breast or cervical cancer treatment. Eligible women will be covered for all services covered by Standard. However, BCCTP eligibility lasts only for the duration of the need for treatment for breast or cervical cancer.

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**DPH Women's  
Health Network  
(WHN)**

To be eligible for the Women's Health Network (WHN), a woman's income must be at or below 250% FPL and she must be uninsured or not have "creditable coverage" for breast or cervical cancer. The WHN provides breast and cervical cancer screening and diagnostic services. It also provides case management services for women who are diagnosed with breast or cervical cancer. This includes assisting women in establishing eligibility for MassHealth BCCTP. Uninsured women may contact the WHN at 1-877-414-4447 (TTY: 617-624-5992 for people with partial or total hearing loss).

WHN case managers will meet with diagnosed women who are in need of treatment to fill out and send in the Breast and Cervical Cancer Treatment Enrollment Form (BCC-1) and the Physician's Certification (BCC-2) (copies of these forms are attached to this memo). The case managers will also assist the woman with the completion of a Medical Benefit Request (MBR) if it appears that she might be otherwise eligible for MassHealth. The case manager will send all of the BCCTP enrollment information to the MassHealth BCCTP Team at Central Office.

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**BCCTP  
Enrollment  
Form**

The BCCTP Enrollment Form is always required by MassHealth to initiate BCCTP eligibility. Information from this form will be entered into a new MA21 event called "BCC." WHN case managers will use this form only for women who are eligible for and have received services from the WHN and have been determined to need treatment for breast or cervical cancer.

The form is designed to capture eligibility information that has been gathered and verified by the WHN. All questions must be answered and the applicant or her representative must sign the form. The form also identifies the WHN site and the case manager who is making the referral.

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**BCCTP  
Physician's  
Form**

The BCCTP Physician's Certification is always required for BCCTP enrollment. The information on this form will also be entered in the BCC event on MA21. The form must be completed and signed by a physician, certifying that the applicant is in need of treatment for breast or cervical cancer. The estimated duration of the treatment must be indicated on the form.

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**Questions  
for Immigrants**

When an applicant indicates that she is not a citizen (question 6 on the BCCTP Enrollment Form), the Questions for Immigrants (QFI) form must be completed to determine the applicant's citizenship status. The QFI is a stand-alone version of the Supplement D. A sample of this form is attached to this memo.

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**Medical Benefit  
Request (MBR)**

BCCTP MassHealth eligibility may be established for the diagnosed woman based on the BCCTP Enrollment Form and the Physician's Certification. However, if an applicant indicates that she is pregnant, disabled, or has dependents under the age of 19, an MBR must also be submitted to determine if other family members are eligible for MassHealth and to establish benefits that are not limited to the duration of the cancer treatment.

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**MassHealth  
BCCTP Team**

The MassHealth BCCTP will be coordinated by a team at Central Office Member Services. The address and telephone and fax numbers are:

MassHealth BCCTP Team  
Member Services  
600 Washington Street  
Boston, MA 02111

Telephone: 1-800-499-2130  
Fax: 617-210-5872

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**Duties of the  
BCCTP Team**

The BCCTP Team will review all forms submitted by the WHN. They will access DMA computer systems to confirm that the applicant is not already receiving MassHealth benefits. (Existing MassHealth coverage is considered to be "creditable coverage" and will result in denial of BCCTP benefits.) They will contact the WHN case manager with any questions or concerns.

The BCCTP Team will enter the BCCTP enrollment data, the Physician's Certification information, and, if applicable, the MBR into the MA21 system. Samples of these screens are attached to this memo. The BCCTP Team will enter eligibility and treatment updates and redetermine BCCTP eligibility.

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**Duties of the  
BCCTP Team  
(cont.)**

The BCCTP Team will be the primary contact for BCCTP members, the WHN, and MassHealth staff about eligibility for the BCCTP.

The MEC assignment number for the BCCTP Team is 601. MA21 will assign all households in which there is a member active in a BCCTP category to this MEC assignment number. MECs and the CPU must refer all case actions for households with the 601 assignment number to the BCCTP Team to ensure that proper coordination of BCCTP benefits occurs.

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**BCCTP Referrals  
Received with  
an MBR**

When a BCCTP referral is received with an MBR, the BCCTP coordinator will enter the BCCTP and MBR information into MA21. If the applicant is eligible for MassHealth Standard as a parent or a pregnant or disabled person, she will be approved for the appropriate category.

If the MBR indicates potential disability, a Disability Supplement will be sent out. The applicant will receive BCCTP Standard benefits while the disability determination is pending.

If any required verifications are missing, a VC-1 will be sent. The applicant will receive BCCTP Standard benefits while the request for verifications is pending.

**Note:** BCCTP eligibility will not be delayed while other eligibility is explored.

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**BCCTP Referrals  
without an MBR**

If the applicant does not meet any other MassHealth Standard eligibility criteria, the WHN case manager will submit only a BCCTP Enrollment Form and a Physician's Certification. The BCCTP information will be entered in the BCC event on MA21, and MassHealth Standard benefits will be established.

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**Maintaining  
MassHealth  
BCCTP Eligibility**

A new Physician's Certification form will be sent to BCCTP members 30 days before the anticipated end date of treatment. Members must return the updated form, completed and signed by a physician, within 30 days in order to continue BCCTP coverage.

BCCTP members who do not certify the need for continued treatment, have obtained health insurance, or are no longer at or below 250% FPL will be sent an Eligibility Review (ERV) form along with a termination notice that will be effective 45 days from determination of ineligibility for

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**Maintaining  
MassHealth  
BCCTP Eligibility  
(cont.)**

the BCCTP. If the review form is not returned or if the returned review form does not indicate other eligibility, MassHealth benefits will terminate.

Annual review forms will be sent to all members. Members will have 30 days to return the form. Income must be re-verified at the time of annual review.

Members who turn age 65 will be sent a review form before their 65<sup>th</sup> birthday to collect income and asset information necessary to determine eligibility as a senior (using the existing “transition” process).

Administrative closings (such as, whereabouts unknown, failure to comply with the redetermination process, failure to provide requested verifications, failure to pay premiums, moved out of state) apply as with all other MassHealth programs.

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**Managed Care**

Women eligible for BCCTP Standard will receive benefits through the MassHealth Primary Care Clinician (PCC) Plan. Fee-for-service coverage will be provided until the enrollment is completed. Women in the BCCTP cannot enroll with a MassHealth managed care organization (MCO).

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**MA21 Screens**

The MA21 screens and instructions are attached to this memo.

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**Questions**

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline at 617-210-5331.

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# Breast and Cervical Cancer Treatment Program Enrollment Form

For DMA use only

## Disposition

- ☐ Approved  
☐ Not approved  
☐ Already on MassHealth

## Applicant information

Last name		First name		Middle initial
Social security number	Date of birth / /		Telephone number	
Street address				
City		State	Zip	

## Family group

Number of people in your family group, including yourself.			
*Are there any children under age 19 in your family group?		<input type="checkbox"/> yes <input type="checkbox"/> no	*Are you pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no

## Income

Annual gross income of your family group (before taxes and deductions). \$
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## Health insurance

Do you have health insurance? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you have Medicare? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Medicare HMO		

## Injury and/or disability

Have you ever had an accident, illness, or injury that someone else might be responsible for? <input type="checkbox"/> yes <input type="checkbox"/> no	
*Do you have an injury, illness, or disability that has lasted or is expected to last for at least 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no	

## Citizenship and immigration

Are you a U.S. citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	If you answered no, you will need to fill out the Questions for Immigrants sheet.
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**\*If you answered "yes" to any of these questions, you may be eligible for MassHealth benefits that are not limited to the duration of your cancer treatment. You will need to fill out a Medical Benefit Request form, in addition to this form.**

**Please read this page carefully, then sign and date the bottom of the page.**

I give permission for my current and former employers and health insurers to release to the Division of Medical Assistance (DMA) any and all information they have about my health-insurance coverage. This includes, but is not limited to, information about policies, premiums, coinsurance, deductibles, and covered benefits that are, may be, or should have been available to me.

I give permission to DMA to get any records or data to prove any information given on this enrollment form, or other information I give to DMA once I am a member. If I am found eligible for MassHealth, I give permission to DMA to get any records about medical services provided through these programs.

I understand that if I am in an accident, or am injured in some other way, and get money from a third party because of that accident or injury, I will need to use that money to repay DMA for certain medical services provided, as explained in the MassHealth Member Booklet. I also understand that I must tell the Division in writing, within 10 days, if I file any insurance claim or lawsuit because of an accident or injury to me.

I understand that if I am eligible for MassHealth, I must tell DMA of any changes in my or my family's income or employment, family size, health-insurance coverage, or of changes in any other information I gave on this enrollment form within 10 days of learning of the change.

I also understand that I may have to pay a premium for MassHealth coverage as determined by DMA.

I certify that I have read or had read to me the information on this enrollment form, the information sheet for the MassHealth Breast and Cervical Cancer Program, and the information in the MassHealth Member Booklet, and that I understand my rights and responsibilities. I further certify under the penalty of perjury that the information on this enrollment form is correct and complete to the best of my knowledge.

If you are acting on behalf of someone in filling out this enrollment form, the enclosed MassHealth Eligibility Representative Designation Form must also be filled out and submitted with this enrollment form. Your signature on this enrollment form certifies that the information on the enrollment form is correct and complete to the best of your knowledge.

If you think DMA's decision about whether you are eligible for MassHealth is wrong, you have the right to appeal. The notice that you get will have information on how to appeal.

**If you are applying for MassHealth, you must read this page carefully, and sign and date below. If you are signing below as an eligibility representative, you must also fill out a MassHealth Eligibility Representative Designation Form and submit it with this enrollment form.**

X

Signature of applicant or eligibility representative

Date

**Send all BCCTP information to:**  
**Division of Medical Assistance**  
**BCCTP**  
**600 Washington Street**  
**Boston, MA 02111**  
**Telephone: 1-800-499-2130**  
**Fax: 617-210-5872**

**To be filled out by a Women's Health Network case manager**

- ☐ Applicant has no health insurance that will cover treatment for this diagnosis.
- ☐ Screening and/or diagnostic services were provided through the Women's Health Network.
- ☐ Applicant is in need of treatment for breast or cervical cancer.

WHN site identifier: \_\_\_\_\_

WHN case manager name: \_\_\_\_\_

WHN case manager phone number: \_\_\_\_\_



# Breast and Cervical Cancer Treatment Program Physician's Certification

## Applicant information

Last name		First name		Middle initial
Social security number		Date of birth / /		Telephone number
Street address				
City		State	Zip	

## Physician certification

I certify that the person named above has been found to need treatment for either breast cancer or cervical cancer (including a precancerous condition). Treatment does not include routine monitoring of precancerous conditions, but does include further diagnostic evaluation to determine the extent and proper course of treatment, as well as the treatment itself.

☐ **Breast cancer diagnosis, including a precancerous condition**

☐ **Cervical cancer diagnosis, including a precancerous condition**

Based on clinical information available on this date, I estimate treatment will be needed for the following time frame:

☐ 3 months    ☐ 6 months    ☐ 9 months    ☐ 12 months or more    ☐ other: \_\_\_\_\_

X \_\_\_\_\_  
Physician's signature Date

\_\_\_\_\_  
Type or print physician's name

\_\_\_\_\_  
Physician's phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
E-mail

# Questions for Immigrants

**For office use only.**

Head of household name: \_\_\_\_\_ Head of household SSN: \_\_\_\_\_

**Fill out this page if you are not a U.S. citizen.**

➤ 1. Are you or any family member on active duty, or a veteran of the United States Armed Forces with an honorable discharge, or did you or any family member serve under U.S. command during World War II or in Vietnam? . . . . . ☐ yes ☐ no  
If **yes**, you may stop here.  
If **no**, go to the next question.

➤ 2. Are you or any family member the spouse, widow or widower, or dependent of a person on active duty or a veteran described above? . . . . . ☐ yes ☐ no  
If **yes**, you may stop here.  
If **no**, go to the next question.

➤ 3. Are you or any family member a victim of domestic abuse and **no longer living with the abuser**? . . . . . ☐ yes ☐ no  
If **yes**, you may stop here.  
If **no**, you must fill out the rest of this page (*Immigration Status*).

## Immigration status

➤ Fill out the chart below for each member of the family who is **not** a U.S. citizen and who is applying for MassHealth. List *all* statuses that have applied to each person since that person entered the U.S.

✉ **Attach copies** of both sides of all immigration cards (or other documents that show immigration status).  
See the *MassHealth Member Booklet* for a more complete description of immigration statuses.

**Note:** Family members who are applying for only MassHealth Limited and/or CMSP or Healthy Start do not have to give us a social security number. We will not match their names with any other agency including the Department of Homeland Security (DHS). You do not need to list their names on this page or send proof of their immigration status. MassHealth Limited pays for emergency services only. See the MassHealth Member Booklet for more information.

➤ Use these codes to describe your status in the chart below:

4. Amerasian admitted pursuant to Section 584 of Public Law 100-202	6. Conditional entrant	10. Native American with at least 50% American Indian blood born in Canada	13. Person with a temporary visa/other
5. Granted asylum	7. Cuban/Haitian entrant	11. Granted parole	14. Person residing under color of law (PRUCOL) (See the <i>MassHealth Member Booklet</i> for more information.)
	8. Deportation withheld	12. Refugee	
	9. Legal permanent resident		

Name	Status codes (List all that apply.)				Date status awarded				U.S. entry date	For office use only
	a	b	c	d	a	b	c	d		
									/ /	
									/ /	
									/ /	
									/ /	
									/ /	
									/ /	

If you need more space, please use a separate sheet of paper and attach it to this page.

### Identifying BCC Information on MA21

Applications for the MassHealth Breast and Cervical Cancer Treatment Program (BCCTP) will be processed at Central Office by the BCCTP Team. Once BCCTP information has been entered for a member, MA21 users will be able to view the information and identify members who are receiving MassHealth benefits through the BCCTP.

When a user selects the MA21 Query option and a member of the selected household has BCCTP information, the Special Concerns window will contain the Breast and Cervical Cancer Treatment message shown below.

HHHPD110 Dec 9,03	***** MASSHEALTH ***** - MA21 HOUSEHOLD QUERY -	HHHMD111 3 more > Maint: _ (Y)
*Event: ____		
-----Special Concerns-----		
Name: SMYTHE, MAR		1
SSN.:		01/14/2003
	: Breast & Cervical Cancer	Not Active
Addr: 123 MAIN ST		550
BOSTON.....		
MA 02111-0		1
Homeles		ENG
Mail: .....		
.....		
.. .....		
Received *Status	Any PF key or ENTER to Return	ime *User
09/01/2002 CMPL		2:24 DMAAV3
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---		
help retrn quit rfrsh notce bkwrđ frwrđ opt left right main		

In addition to the notification through the Special Concerns window, a new display field has been added to the MA21 Household Query screen to show a member's Breast and Cervical Cancer (BCC) treatment status. See the following.



To display detailed certification information, enter X in the More Detail field (see above) and press ENTER. The BCC Treatment Cert for HH: (Head of Household Name) screen will be displayed, as shown below.

```

BCC displayed successfully
+-----BCC Eligibility-----+
|          ***** BCC Treatment Cert for HH: SMYTHE, GERTRUDE          |
| Family Size: 01      Child<19: N      Preg.: N      Annual Gross Inc: 10000 |
| Health Ins.: N      ACC/Inj.: N      Disab: N      Citizen: Y      *WHN Site: 018 |
|                                           BCC FPL.: 126.8 |
|-----BCC Treatment Certification -----|
| Treatment Duration Months: 12      Treatment Start Date: |
| Treatment Cert Sent: 12 01 2003      Treatment Cert Rec'd: 12 10 2003 |
| Treatment Cert Date: 12 08 2003      Treatment End Date..: 12 31 2005 |
| Physician Last Name: JONES      First Name: HORACE |
| Phone: 617 446 1234      Email: |
| Fax..: 617 446 1555 |
|-----|
| *BCC End Reas:      BCC End Dt:      *Update Date 12-08-2003 |
+-----+
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
      help retrn quit      confm      bkwrd frwr skip      main

```

The upper section of the detail screen displays the family group size; Yes/No indicators, for whether or not there is a child in the household and whether or not the member is pregnant; the household annual gross income amount; Yes/No indicators, for whether or not the household has health insurance; the TPR status (Accident/Injury); the disability indicator; the citizenship indicator; Women's Health Network Site identification; and the household FPL (BCC FPL). Notice that the WHN site field has PF1 help available to view the site location.

The lower section of the screen includes the following:

Treatment Duration Months	Number of months the member will be receiving treatment
Treatment Start Date	Date the member's treatment began
Treatment Cert(ification) Sent	Date the treatment certification form was sent to the member. Members whose treatment end date is due to expire within 30 days are selected and sent a re-certification form.
Treatment Cert(ification) Rec'd	Date the treatment certificate was received at MassHealth

Treatment Certification Date	Date the member's physician signed the treatment certification
Treatment End Date	Date filled by MA21. The number of Treatment Duration Months is added to the Treatment Certification Date (date signed by physician) to arrive at the Treatment End Date. The last day of the resulting month is used.
Physician Last Name	Last name of physician who authorized treatment
First Name	First name of physician who authorized treatment
Phone	Physician's telephone number
Email	Physician's e-mail address, if provided
Fax	Physician's fax number, if provided
BCC End Reas(on)	Code for reason the member's treatment ended. Valid values are: S = system action. Member failed to return certification form within specified time frame; or MA21 ended the existing treatment period because a new BCC treatment period was added. T = terminated. Treatment end date expired. E = eligibility for program ended. No longer meets program requirements.
BCC End Dt Update	Date eligibility for BCC ended Date of last update to the BCC information. PF1 help is available for additional update information.

## Snapshot Screen Changes

In order to be able to easily view BCC information the following changes have been made to the MA21 Eligibility Result for an Individual screens.

### Panel 1

Notice the highlighted fields in Panel 1 of the Snapshot, Eligibility Result for an Individual screen. The member's name and SSN have been moved from the upper left section of the panel to the lower left section. The Preliminary Ben(efit), Cat(egory) and Exit (point) fields have been added to the upper center section of the panel. These fields are used to identify the benefit the member would have received if the Breast and Cervical Cancer treatment program were not in effect. The BCC Status and BCC % FPL have replaced the referrals section in the right center of the panel. BCC Status values are:

A = active

E = no longer eligible for the Women's Health Network BCC program

T = member's BCC treatment ended

The BCC % FPL is calculated from family group size and income listed on the BCCTP Enrollment Form. In this example, the member is at 213.6% FPL.

```

Dec 10,03          ***** Eligibility Result for an Individual *****          1 more >
-----Existing-----          -----Preliminary-----          -----New-----
*Ben *Cat *AR  End Dt          *Ben *Cat  Exit          *Ben *Cat *AR  Start Dt
  XX  XX   67                   XX   XX   D43          BS  AD   01 01/01/04
-----
Member Applying...: Y          FG.: Appl: Y No: 01 Size: 1          Admin.:
Born after Sept'83:          %FPL: 213.6          Kids:          Prot...: Cat:          AR:
Born to Elig Woman:          Incm: 1600          Ver.: Y          TMA...: Cat:          By:
Preg:          Has Child:          No Parent FTE:          Strt:
QAC.: C Deduct...          Single Parent:
TPL.: P Medicare.:          QI.: Appl:          FG:          Size:          Result: A          Exit: B009
TPR.:          HIV.....: E          %FPL:          Alt.:
LTU.:          Working...: Y          Incm:          BCC Status: A
          Asst:          Pass:          BCC %FPL...: 213.6
Dsbl:          Pot Dsbl.:          Mem: Pass incm tst:
CH:          Pot Blind:          In Exp Group.:          Notices
          Pend DDU.:          Oth:          Type: APPR-HCR
Prem Asst.:          Not MA Res:          HCR.:          VC-1:          Bills Met:
CH/FP prem: 912.00          On-DTA Cat:          DMH.:          SSI:          Supl:          A16/17...:
          Start Dt: 01/01/04          PACES Ben.:          Prot:          VCH.:          Signature:
Name: SMYTHE, GERTRUDE          SSN.: 500-13-3511 Not ver
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
          help retnr quit          left right main
  
```

## Panel 2

The upper section of the screen displays the Existing, Preliminary, and New eligibility determination for the member. The Skip Eligibility Test indicator, which was previously located on the first panel of the Display Eligibility Determination screen, has been moved to the upper right section of this screen. This indicator is used when a member is receiving a cash assistance benefit and income is not countable.

The Referrals section, previously located on Panel 1, has been moved to the right central section of Panel 2, the Prem(ium) Asst field has been moved from Panel 1 to the lower central portion of Panel 2, and the member's name and SSN can be found at the bottom of the screen, as shown below.

```

Scrolling performed.
< 1 more          ***** Eligibility Result for an Individual *****          10:49 AM
-----Existing-----      -----Preliminary-----      -----New-----
*Ben *Cat *AR   End Dt   *Ben *Cat   Exit       *Ben *Cat *AR   Start Dt
XX   XX   67           XX   XX   D43           BS   AD   01   01/01/04
-----

TPL.: P

Part-A Conf:           SVES Resp.:           Skip Elig Test:

Job Related:           Appr Tier.:           Referrals:
Empl Linked:           Work QE...:           CMSP:           DxR:
Polc Linked:           Hldr QE...:           H/Start:

Is QE Hldr:
Ben Level...:           No Cost...:           Expired...:
SE/LE.....:           DMA Result:           AT:           HT: Y
DxR Investg:           50% met...:           PT:           TL:
DxR Confirm:
Resp Amount:           Prem Asst.:

Name: SMYTHE, GERTRUDE          SSN: 500-13-3511 Not ver
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
help  retrn quit                                left  right main

```